

REQUEST FOR LEAVEJD-FM-202 New 12-05
P.B. Sec. 25-26**STATE OF CONNECTICUT
SUPERIOR COURT**

www.jud.state.ct.us

INSTRUCTIONS**TO PREPARER**

1. If you would like to file a motion for modification, complete Sections I and II and attach your motion for modification to this form.
2. Have this form served with the attached motion for modification on the opposing party and return it to the court.
3. If you are representing yourself and the other party does not have an appearance in this case, bring this form to court clerk's office for completion of Section II.B.

TO RESPONDING PARTY

1. If you choose to object to this Request for Leave, complete Sections III and IV on page 2.
2. Provide a copy to the other party and return this form to the court.

TO CLERK

1. Send notice to all appearing parties of the court's order regarding this request.
2. If Request for Leave is granted, upon receipt of filing fee for the motion for modification, assign hearing date if necessary and retain a copy for court file.

JUDICIAL DISTRICT OF	AT (Address of court)	DOCKET NO.
PLAINTIFF'S NAME (Last, first, middle initial)		DEFENDANT'S NAME (Last, first, middle initial)

SECTION I—REQUEST FOR LEAVE (PERMISSION) TO FILE

1. I am the ☐ PLAINTIFF ☐ DEFENDANT in this case and I am requesting leave (permission) to file the attached motion for modification, in which the factual and legal basis has been sworn.
2. In the attached motion, I am requesting modification of the (Check all that apply):

- ☐ Final order for custody that is dated: _____
- ☐ Final order for visitation that is dated: _____
- ☐ Parental responsibility plan that is dated: _____



SIGNED (Attorney or Pro Se Party)	TYPE OR PRINT NAME OF PERSON SIGNING	DATE SIGNED
ADDRESS (No., street, town or city, state and zip code)		TELEPHONE NO. (Area code first)

SECTION II—NOTICE (Check either A or B below)

- ☐ **A - CERTIFICATION** (Check and complete if responding party has an appearance on file.)

I certify that I mailed or delivered a copy of this request to:	NAME	DATE MAILED/DELIVERED
ADDRESS (No., street, town or city, state and zip code)*		
SIGNED (Attorney or Pro Se Party)	TYPE OR PRINT NAME OF PERSON SIGNING	DATE SIGNED

*If necessary, attach additional sheet with name of each party served and the address at which service was made.

- ☐ **B - INSTRUCTION TO PROPER OFFICER** (Check and complete if responding party does not have an appearance on file.)

TO ANY PROPER OFFICER:

By the Authority of the State of Connecticut, you must serve a true and attested copy of the above Request on the below named person in one of the ways required by law and file proof of service with this court.

NAME OF PERSON TO BE SERVED	ADDRESS	
BY THE COURT (Print or type name of judge)	SIGNED (Assistant Clerk, Comm. Sup. Ct.)	DATE SIGNED

NOTICE OF RIGHT TO OBJECT AND APPEAR

If you do not file an objection to this Request for Leave within ten days of the date of service of this request, the request may be determined by the court with or without hearing. To object, fill out Sections III and IV on page 2 of this form, provide a copy to any pro se party and/or attorney who has filed an appearance in this case, and return this form to the court clerk's office prior to expiration of the ten day period. If you do not file an objection or an Appearance in this case, you may not receive notice of the scheduling of a hearing, if any, and the Request for Leave may be granted.

PLAINTIFF'S NAME <i>(Last, first, middle initial)</i>	DEFENDANT'S NAME <i>(Last, first, middle initial)</i>	DOCKET NO.
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SECTION III—OBJECTION AND APPEARANCE BY RESPONDING PARTY

☐ I hereby object to the filing of the attached motion for modification.



☐ Enter the appearance of:

NAME OF ATTORNEY, LAW FIRM OR PRO SE PARTY	JURIS NO. <i>(If attorney or law firm)</i>
ADDRESS OF ATTORNEY, LAW FIRM OR PRO SE PARTY	TELEPHONE NO. <i>(Area code first)</i>
SIGNED <i>(Attorney or Pro Se Party)</i>	DATE SIGNED

SECTION IV—CERTIFICATION BY RESPONDING PARTY

I certify that I mailed or delivered a copy of this objection to:	NAME	DATE MAILED/DELIVERED
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ADDRESS *(No., street, town or city, state and zip code)**

SIGNED <i>(Attorney or Pro Se Party)</i>	TYPE OR PRINT NAME OF PERSON SIGNING	DATE SIGNED
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**If necessary, use the space below to list the name of each party served and the address at which service was made.*

SECTION V—COURT ORDER

☐ The request for leave is **GRANTED**.

☐ The request for leave is **DENIED**.

☐ It is hereby **ORDERED THAT:**

BY THE COURT	DATE OF ORDER
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